					טבט	I UAVII	-AD	LE C	UPY	09	1/859.	518	
PATENT APPLICATION FEE DETERMINATION RECO								pplication or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ > minus 20=		. 0		Γ	X\$ 9=		OR	X\$18=		
NDEPENDENT CLAIMS			7 minus 3 =		• 6		-	X40=		OR	X80=		
ΜU	LTIPLE DEPEN	DENT CLAIM PR	RESENT							1			
1.	Non difference	in column 1 in 1	less than zoro, optou		r "O" in column 2		L	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	116	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							9	SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT ★		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIĞI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 10	Minus	. 6	00 -	= 7		X\$ 9=		OR	X\$18=		
	Independent	. 1	Minus	•••	3	-		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	400		1	+270=		
							L	+135= TOTAL DIT. FEE		OR OR	TOTAL		
		(Column 1)			ımn 2)	(Column 3)			-	_			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 1	Minus	(20	= /	M	X\$ 9=		OR	X\$18=		
	Independent	. 1	Minus	•••	3	3]	X40=		OR	X80=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┛ ┞	.125/		1	4270 =		
	/, .					6	L	+135= TOTAL ODIT. FEE	-	OR OR	TOTAL ADDIT. FEE		
	/	(Column 1)			umn 2)	(Column 3							
		CLAIMS		HIG	HEST				ADDI	1		ADDI	

Minus Independent FIRST PRESENTATION OF MULTIPLE DE (Column 1) CLAIMS NUMBER PRESENT REMAINING PREVIOUSLY **EXTRA** AFTER AMENDMENT PAID FOR AMENDMENT

Minus ** Total Minus ... Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TIONAL RATE TIONAL RATE FEE FEE X\$18= X\$ 9= OR X80 =X40= OR +270= +135= OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE

FORM PTO-875 (Rev. 8/00)

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